

Attention: Clerks Office

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's LimoApplication to Change/  
Amend Name on Class C  
CertificateBEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

252925

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2014-128-TIf this is your first time filing an application with the PSC, you will not  
have a Docket Number. The Commission will assign one to you. If you  
have filed with the Commission before, a Docket Number was assigned  
and should be entered above.

(Please type or print)

Submitted by:

Jeffrey L. Whitley

Address:

1054 Anna Knapp 25A  
Mt. Pleasant, SC  
29464

Telephone:

843-817-2040

Fax:

Other:

Email:

calypsoscharleston@gmail.comNOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers  
as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must  
be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Application - Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus   | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class E Household Goods   | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Hazardous Waste   | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application   | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of<br>Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate   | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement   | <input type="checkbox"/> Return to Petition                            |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

FAX - 803-896-5199

Attention: Tricia  
Clerk's Office

## CLASS C AMENDMENT FORM

<b>File the original with:</b>  <b>Public Service Commission of South Carolina</b> <b>Clerk's Office</b> <b>Motor Carrier Matters</b> <b>P.O. Box 11649</b> <b>Columbia, S.C. 29211</b> <b>(803) 896 - 5100</b> <b>FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b>  <b>S.C. Office of Regulatory Staff</b> <b>Transportation Department</b> <b>1401 Main Street, Suite 900</b> <b>Columbia, S.C. 29201</b> <b>(803) 737-0578</b> <b>FAX (803) 737-0815</b>
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DATE: 10-7-14

I have the following Certificate:

- ☒ Class C Taxi # \_\_\_\_\_ 
 ☐ Class C Charter # \_\_\_\_\_ 
 ☐ Class C Charter Bus # \_\_\_\_\_  
☐ Class C Non-Emergency # \_\_\_\_\_

Please consider this as my request for the following amendment(s) to my Certificate:

- ☒ **Name Change**  
 From: Jeff Whitley DBA: Calypso Cab & Limo  
(Current Name) (Current DBA if applicable)  
 To: Jeff Whitley DBA: Calypso Cab  
(New Name) (New DBA if applicable)

- ☐ **Scope of Authority**  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
(Current Scope) (New Scope)

- ☐ **Passenger Limit**  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
(Current Limit Number) (New Limit Number)

Jeff Whitley Calypso Cab 1054 Anna Knapp 25A  
Name & DBA if DBA is applicable (Street and/or Mailing Address)

Mt. Pleasant, SC 29464 [Signature]  
(City, State, Zip Code) (Signature)

843-817-2040 Owner  
(Telephone Number) (Title) Owner, President, etc.